

Reg. # 2003339006

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FILED
-
03 DEC -3 PM 2:40
CAMPBELL, WILSON
HAGGARD, CLAYTON
PT. C. HARRIS, HONOLULU
HONOLULU

CFR 101 CAN SO .doc REV 5/2000

**STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES**

reg. # 2003169004

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FILED

1. Committee Identification No. <u>00136638-50</u>		03 JUN 17 PM 3:43	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u>		CARMELLA SABAUGH HACO Date Change(s) <u>10/02/01</u> HT. CLEMENS, MICHIGAN	
3. Full Name Of Committee (must include candidate's first and last name) <u>Committee to Elect Mark J. Moffitt</u>			
4. Candidate Last Name		First Name M.I.	
4a. County of Residence		4b. Political Party (If applicable)	
4c. Driver License # (Optional)			
4d. Office Sought: (Check one)			
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court			
4e. District # or Jurisdiction		<input type="checkbox"/> Local or Other (Please Specify)	
5. Date Committee Was Formed (Mo/Day/Yr)		6. Committee Area Code and Phone Number	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code		7a. Committee Street Address (May <u>not</u> be P. O. Box)	
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)		9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	
Area Code and Phone Driver License # (Optional)		Area Code and Phone Driver License # (Optional)	
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association)		12. This item applies only to a Gubernatorial Candidate Committee.	
11a. Official Depository:		<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
11b. Secondary Depository:			
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Current Treasurer <u>Pamela D. Moffitt</u> Type or Print Name		Signature <u>Pamela D. Moffitt</u>	
Candidate <u>Mark J. Moffitt</u> Type or Print Name		Signature <u>Mark J. Moffitt</u>	
Date <u>06-16-03</u> Mo. Day Year		Date <u>6 16 03</u> Mo. Day Year	



**STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES**

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Reg. # 2003147018

FILED

03 MAY 27 AM 11:59

1. Committee Identification No. 00136638-50

2. Type of Filing a. ☐ Original OR b. ☒ Amendment to Item(s) # 6, 7, 11a

c. Date Change(s) Took Place 05/27/03

3. Full Name Of Committee (must include candidate's first and last name)

Committee to Elect Mark J. Moffitt

4. Candidate Last Name

First Name

M.I.

4a. County of Residence

4b. Political Party (If applicable)

4c. Driver License # (Optional)

4d. Office Sought: (Check one)

- ☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Representative ☐ Secretary of State ☐ State Board of Education
☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ Court of Appeals
☐ District Court ☐ Probate Court ☐ Detroit Records Court ☐ Supreme Court Justice ☐ Circuit Court

4e. District # or Jurisdiction

☐ Local or Other (Please Specify)

5. Date Committee Was Formed

(Mo/Day/Yr)

6. Committee Area Code and Phone Number

586-777-0305

7. Committee Mailing Address (May be P. O. Box) Include Zip Code

21613 Frazho
St. Clair Shores, MI 48081

7a. Committee Street Address (May not be P. O. Box)

21613 Frazho
St. Clair Shores, MI 48081

8. **Treasurer.** Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)

9. **Designated Record keeper.** Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.

Area Code and Phone

Driver License # (Optional)

Area Code and Phone

Driver License # (Optional)

10. ☐ **REPORTING WAIVER** The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. **Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.**

11. Names and Addresses of depositories or intended depositories of committee funds.
(Bank, Credit Union or Savings & Loan Association)

11a. Official Depository: National City Bank

11b. Secondary Depository:

12. This item applies only to a Gubernatorial Candidate Committee.

☐ Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Current Treasurer Pamela D. Moffitt
Type or Print Name

Pamela D. Moffitt
Signature

Date 05-27-03
Mo. Day Year

Candidate MARK J. MOFFITT
Type or Print Name

Mark J. Moffitt
Signature

Date 5-27-03
Mo. Day Year



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

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FOR OFFICIAL USE ONLY

Aug 19929103825

1. Committee Identification No. <u>00136638 50</u>		
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u> c. Date Change(s) Took Place <u>10 11 8 199</u>		
3. Full Name Of Committee <u>COMMITTEE TO ELECT MARK J MOFFITT</u>		
4. Candidate Last Name _____		First Name _____ M.I. _____
4a. County of Residence _____		4b. Political Party (If applicable) _____
4c. Driver License # (Optional) _____		
4d. Office Sought: (Check one)		
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court		
4e. District # or Jurisdiction _____		<input type="checkbox"/> Local or Other (Please Specify) _____
5. Date Committee Was Formed _____ (Mo/Day/Yr)		6. Committee Area Code and Phone Number _____
7. Committee Mailing Address (May be P. O. Box) Include Zip Code _____		7a. Committee Street Address (May <u>not</u> be P. O. Box) _____
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) _____		9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. _____
Area Code and Phone _____ Driver License # (Optional) _____		Area Code and Phone _____ Driver License # (Optional) _____
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.		
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: _____ 11b. Secondary Depository: _____		12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.		
Current Treasurer _____ Type or Print Name _____ Signature _____		Date _____ Mo. _____ Day _____ Year _____
Candidate <u>MARK J MOFFITT</u> Type or Print Name _____ Signature _____		Date <u>10 18 99</u> Mo. _____ Day _____ Year _____



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ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

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1. Committee Identification No. <u>00136638</u>	
2. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s)# c. Date Change(s) Took Place / /	
3. Full Name Of Committee <u>Committee to Elect Mark Moffitt</u>	
4. Candidate Last Name <u>Moffitt</u>	First Name <u>Mark</u> M.I. <u>J.</u>
4a. County of Residence <u>Macomb</u> 4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>Council</u> 4e. District # or Jurisdiction <u>ST. CLAIR SHORES</u>	
5. Date Committee Was Formed <u>07/01/99</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>810-777-0142</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>19704 Alger</u> <u>St. Clair Shrs., MI 48080</u>	7a. Committee Street Address (May <u>not</u> be P. O. Box) <u>19704 Alger</u> <u>St. Clair Shrs., MI 48080</u>
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>Moffitt, Pamela D.</u> <u>19704 Alger</u> <u>St. Clair Shrs., MI 48080</u> Area Code and Phone Driver License # (Optional) <u>810-777-0142</u>	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone Driver License # (Optional)
10. <input checked="" type="checkbox"/> REPORTING WAIVER. The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: <u>First State Bank 23600 Greater Mack</u> <u>S.C.S., MI 48080</u> 11b. Secondary Depository: _____	12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>Pamela D. Moffitt</u> Type or Print Name Signature <u>Pamela D. Moffitt</u> Date <u>07-08-99</u> Mo. Day Year	
Candidate <u>Mark J. Moffitt</u> Type or Print Name Signature <u>Mark J. Moffitt</u> Date <u>7 8 99</u> Mo. Day Year	